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PTO/SB/31 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 58799(71699)
In re Application of Ronald Rodriguez et al.		
Application Number 10/510,592-Conf. #9269	Filed August 17, 2005	
For PACKAGING CELL LINE FOR DIPHTHERIA TOXIN EXPRESSING NON-REPLICATING ADENOVIRUS		
Art Unit 1635	Examiner B. A. Whiteman	
Applicant hereby <b>appeals</b> to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 510.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 255.00
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>04-1105</u> . I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
<b>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</b>		
I am the		
<input type="checkbox"/> applicant /inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>53,624</u>		
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		
		 Signature
		Jonathan M. Sparks, Ph.D. Typed or printed name
		(617) 517-5543 Telephone number
		January 25, 2008 Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.		

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